

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107018314

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3				
TOTAL DEP.	0	↔	↔	↔	
TOTAL CLAIMS	3	████████	████████	████████	

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IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	
TOTAL DEP.		↔	↔
TOTAL CLAIMS		████████	████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS